



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 325772019400																								
Application Number	09/662,176	Filed September 14, 2000																								
For PARTS-MANAGEMENT SYSTEM, METHOD OF MANAGING PARTS AND PARTS-MANAGEMENT APPARATUS																										
Art Unit	3627	Examiner M. A. Cuff																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> <td>\$</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. </p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>38,503</u> <u>Wayne C. Jaeschke, Jr.</u> Signature <u>January 31, 2005</u> <u>Wayne C. Jaeschke, Jr.</u> Typed or printed name <u>(703) 760-7756</u> Telephone Number <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small> </p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>				Fee	Small Entity Fee		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		
FEE TRANSMITTAL For FY 2005		Application Number	09/662,176	
		Filing Date	September 14, 2000	
		First Named Inventor	Toshiyuki YAMASHITA	
		Examiner Name	M. A. Cuff	
		Art Unit	3627	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$) 120.00	Attorney Docket No.	325772019400

METHOD OF PAYMENT (check all that apply)									
<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:		03-1952	Deposit Account Name:		Morrison & Foerster LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
<input type="checkbox"/>	Charge fee(s) indicated below		<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/>	Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/>	Credit any overpayments					

FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>					
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES										
<u>Fee Description</u>										
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent								50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent								200	100	
Multiple dependent claims								360	180	
<u>Total Claims</u>				<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
16 - 20 =				<input type="checkbox"/>		=		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
<u>Indep. Claims</u>				<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
3 - 3 =				<input type="checkbox"/>		=				
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
<u>Total Sheets</u>				<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
- 100 =				/50		(round up to a whole number) x	=			
4. OTHER FEE(S)										
Non-English Specification, \$130 fee (no small entity discount)										
Other: 1251 Extension for response within first month										
120.00										

SUBMITTED BY									
Signature				Registration No. (Attorney/Agent)	38,503	Telephone	(703) 760-7756		
Name (Print/Type)	Wayne C. Jaeschke, Jr.			Date	January 31, 2005				